

DR. SHERRI BRUCE REGISTERED PSYCHOLOGIST #1458 INC.

**Child Intake Form**

Welcome. I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is CONFIDENTIAL. If you have concerns or questions about the relevance of any information and wish to leave it blank, please do so.

Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Child's Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Can I leave a message \_\_, name \_\_ and number \_\_?

Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Type of Custody: \_\_\_\_\_

Family Doctor's Name & Address: \_\_\_\_\_

Relevant Medical History (please describe any significant current or past medical problems): \_\_\_\_\_  
\_\_\_\_\_

Past Counselling Yes No When: \_\_\_\_\_  
For: \_\_\_\_\_

Has anyone been hospitalized for a psychological difficulty?  Yes  
 No. Name of client: \_\_\_\_\_

Type of counselling requested: Personal  
\_\_\_\_\_

.....